

State of Texas Assistance Request (STAR)

(Latest Version as of 04/12)

Incident Name:		Initial Request Date / Time:		Requesting County:		Request #:	
Is this RR Tied to Another Request?				Other Tracking Numbers:			
Requested Item Description							
Qty	Unit	Item Name	Detailed Item Description: <small>(kind, type, characteristics, brand, specs, size, etc.)</small>			Cost	Demob Item?
Justification / Purpose for Request:							
When is this Resource Needed?				Estimated Timeframe of Need (how long will you need this resource?)			
Delivery Information							
Waypoint Information							
Point of Contact (POC) Name:		POC Telephone Number:		Facility Name:		Facility Zip:	
Facility Address:				Facility City:		Facility State:	
Additional Instructions:							
Final Destination							
Point of Contact (POC) Name:		POC Telephone Number:		Facility Name:		Facility Zip:	
Facility Address:				Facility City:		Facility State:	
Additional Instructions:							
Requestor Information							
Requested by Position (Name):			Requestor Email:		Requestor Phone Number:		
Requestor Signature:				Date / Time:			

Updating Agency:

<div>POC Name / Position:</div> <div>Phone:</div> <div>Email:</div>	<div>Qty Filled:</div> <div>ETA:</div> <div>Est. Cost:</div>	
1 Provider Notes:		
Agency Approver Signature:		Date / Time:

Updating Agency:

<div>POC Name / Position:</div> <div>Phone:</div> <div>Email:</div>	<div>Qty Filled:</div> <div>ETA:</div> <div>Est. Cost:</div>	
2 Provider Notes:		
Agency Approver Signature:		Date / Time: